

341 INFORMATION REQUEST FORM

Bankruptcy No.:	<u>16 - 10954 - mdc</u>
Today's Date:	<u></u>
Name of Debtor:	<u>David Webb</u>
Current Address of Debtor:	<u>628 Noble Street, Norristown, Pa. 19401</u> <u></u> <u></u> <u></u>
Name, Address & Phone Number of Employer(s):	<u>Key Flagging</u> <u></u> <u></u> <u></u> <u></u>
Date Employment Started:	<u>6/2018</u>
Domestic Support Obligation(s):	<input checked="" type="checkbox"/> I am not required to pay any Domestic Support Obligations, or
(check the statement that applies to you.)	<input type="checkbox"/> I am required to pay Domestic Support Obligations and I have paid any amounts payable under a Court Order or Statute that were due on or before today's date - complete section below, or
	<input type="checkbox"/> I am required to pay Domestic Support Obligations but I have not paid all amounts due under Court Order or Statute as of today's date - complete section below.
	I make Domestic Support Payments to:
	<u>None</u> <u></u> <u></u> <u></u> <u></u>
	Reason for Support Payments (i.e. child support, alimony)
	<u>None</u> <u></u> <u></u>

The information I have provided above is true and correct to the best of my knowledge and belief. I AUTHORIZE THE STANDING TRUSTEE TO INCLUDE MY FULL SOCIAL SECURITY NUMBER WHEN PROVIDING THE WRITTEN NOTICE REQUIRED BY 11 U.S.C. §1302((d)(1)(B)(i) TO THE STATE CHILD SUPPORT ENFORCEMENT AGENCY.

David Webb
Debtor's Signature